# AdultMembershipPlanLevel1

# <u>TermsandConditionsofmembership</u>

#### Intro:

The following makes up the terms and conditions of your registration under our dentalpayment plan at Nork Way Dental Practice. It is recommended that you read them carefullyandkeeptheminasafeplacesothatyoucanrefertotheminthefuture, should you need to. Plea seremember, the agreement is with your dentist and cannot be transferred to another practice or dentist. The direct debit you have in place to cover the cost of your payment plan constitutes your agreement to the terms outlined herein.

You can also find a copy of this document on our practice website atwww.norkwaydental.co.uk.

### Yourdentalplanincludes

- 2Dentalexaminationsperyear
- 2HygieneVisitsperyear
- RoutinediagnosticX-raysusuallytakentwoyearly
- 10%discountoffroutinedentaltreatments
- GlobalDentalA&EAssistanceScheme

#### Initial term

The minimum term for your dental plan is initially 12 months. If you decide to cancel your dental plan before this period, please be aware that the practice retains the right to recover any appointment fees, and any discounts applied to treatments will need to be reimbursed to the practice.

## MonthlyFeeandDirectDebitcollection:

Your monthly plan fee will be collected by direct debit on the 1<sup>st</sup> of each month or shortlyafter.

## Planfeeamendments:

Your plan fee is subject to change at any time. The practice will endeavor to review planfees once per annum and should your plan fee change, you will be given advance notice byeitherpost or email.

#### PlanCancellation:

You may cancel your plan at any time outside of the initial term by informing the practice bytelephone or e-mail. The practice reserves the right to recoup any appointment fees and discounts on treatments hould you cancel during the minimum term of membership.

### Non-payment:

If we are unable to collect your regular plan fee for any reason, we will contact you to collectany outstanding fees which can be collected by direct debit or paid to the practice directly bycashor card.

#### Refunds:

Anyapplicablerefundswillbeprocessedbythepractice

### Failuretoattendappointments:

We kindly request that you give us at least 48 hours' notice if you are unable to attend yourappointment. You are responsible for keeping appointments made with your dentist and/orhygienist and you must pay any 'missed appointment' fee should you fail to give the requirednotice. You must ensure that you also attend your dentist for regular examinations, receivethe treatment your dentist advises, and you must promptly inform your dentist of any injury, problemorothermaterial matter affecting your oral health. Should you fail aroutine examination or hygiene appointment you may need to pay to be seen before your nextappointment included in your plan isdue.

#### Complaints:

Please refer to the practices complaint procedure regarding any aspect of care or servicewhichhas not met yoursatisfaction

## GlobalDentalA&EAssistanceScheme:

Your dental plan includes access to a Global Dental Accident and Emergency AssistanceScheme.

The Scheme is established to offer support to patients who request assistance or treatmentfollowinganaccident, adentalemergency, or who are diagnosed with mouth cancer.

Whilsttheschemeaimstoprovidebenefitsinmostcases, the scheme is awholly discretionary scheme, not an insurance scheme. It has no obligation to provide benefits and the Scheme Manager will look at each request individually to decide whether or not toprovidebenefits.

Furtherdetailsareavailablefromthepractice,oryoucanvisitwww.globaldentalscheme.co.ukto find out more